

FEDERATION OF MALAYA

International Certificate
of
Inoculation and Vaccination

KUALA LUMPUR:

PRINTED AT THE FEDERATION OF MALAYA GOVERNMENT PRESS.

1950.

International Certificate of Vaccination against Smallpox.

This is to certify that Robert Wyndham Lockhart McCull

(age 38 sex M), whose signature appears below, has this day been

vaccinated by me against smallpox.

(Origin and Batch No. of vaccine.....)



Signature of
vaccinator {

Official position.....

Place.....

Date.....

[OFFICIAL STAMP]
Signature of person
vaccinated {

Home address.....

% Customs Kotra Bhoom Kelantan
Pratayang

IMPORTANT: In the case of primary vaccination, the person vaccinated should be warned to report to a medical practitioner between the 8th and 14th day, in order that the result of the vaccination may be recorded on this certificate. In the case of revaccination, the person should report within 48 hours for first inspection in order that any immune reaction which has developed may be recorded.

27/3/56 Kevacaratū

K. B. R. 174/175.

North Kedah.

—3—

This is to certify that the above vaccination was inspected by me on the date(s) and with the result(s) shown hereunder:

Date of inspection.

3/3/53

Result. *

REACTION OF IMMUNITY
ACCELERATED REACTION
TYPICAL PRIMARY VACCINATION

Signature of }
Doctor

T. J. L. L. L.

Medical Officer

Official position

State Hospital

Kota Bharu

Place

Date

U.B. 3/3/53

[OFFICIAL STAMP]

* Use one of the following terms in stating the result, viz.—“Reaction of immunity”, “Accelerated Reaction (vaccinoid)”, “Typical primary vaccinia”. A certificate of “No Reaction” will not be accepted.

Signature of person }
vaccinated

h. m. l. i.

N.B.—This certificate is not valid for more than three years from date of issue.

International Certificate of Inoculation against Yellow Fever.

This is to certify that.....

(age.....sex.....), whose signature appears below, has this day been inoculated by me against yellow fever.

Origin and Batch No. of vaccine.....

Signature of
inoculating
officer }

Official position.....

Place.....

Date.....

[OFFICIAL STAMP OF INOCULATING OFFICER]

Signature of person }
inoculated }

Home address.....

N.B.—This certificate is not valid:

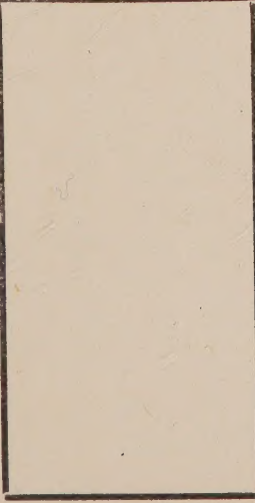
- (a) Unless the vaccine and the method employed have been approved by UNRRA,
or WHO, or its Interim Commission.
- (b) Until ten days after the date of the inoculation, except in the case of persons
reinoculated within four years.
- (c) For more than four years from the date of the last inoculation.

International Certificate of Immunity against Yellow Fever.

This is to certify that.....

(age.....sex.....), whose signature appears below, is immune to yellow fever as the result of an attack of the disease. This immunity has been demonstrated by the mouse protection test.

Date of bleeding.....Place of bleeding.....



Name of laboratory }
performing test }

Location of Laboratory.....

Date of test.....Result of test.....

Signature of Laboratory }
Director }

Signature of person }
tested }

Home address.....

N.B.—This certificate is not valid:

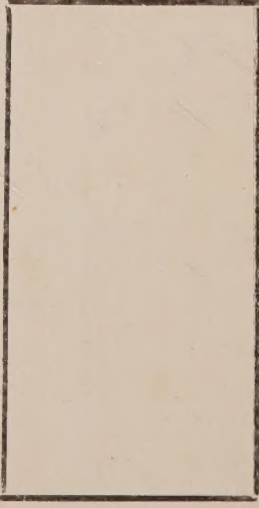
- (a) Unless the Laboratory performing the blood test and the method employed have been approved by UNRRA, or WHO, or its Interim Commission.
- (b) For more than ten years from the date of the blood test.

—6— International Certificate of Inoculation against Typhus Fever.

This is to certify that.....

(age.....sex.....), whose signature appears below, was on the dates indicated inoculated against typhus fever.

Material.			Inoculating officer.	
Date.	Origin.	Batch No. and Type.	Signature.	Official position.



[OFFICIAL STAMP OF INOCULATING OFFICER]

Signature of person inoculated.....Date.....

Home address.....

N.B.—This certificate is not valid for more than one year from date of issue. Reinoculations are to be entered on pages 8-11.

International Certificate of Inoculation against Cholera.

This is to certify that Mr. R. W. C. McCall
 (age 42 ~~38~~ ^M sex), whose signature appears below, was on the dates
 indicated inoculated against cholera.

Material.			Inoculating officer.	
Date.	Origin.	Batch No. and Type.	Signature.	Official position.
<u>2/6/56</u>	<u>Im R. K.</u>	<u>61.</u>	<u>K. S. Hasan</u>	<u>Health Officer,</u> <u>North Kedah.</u>
	<u>See Government</u>			



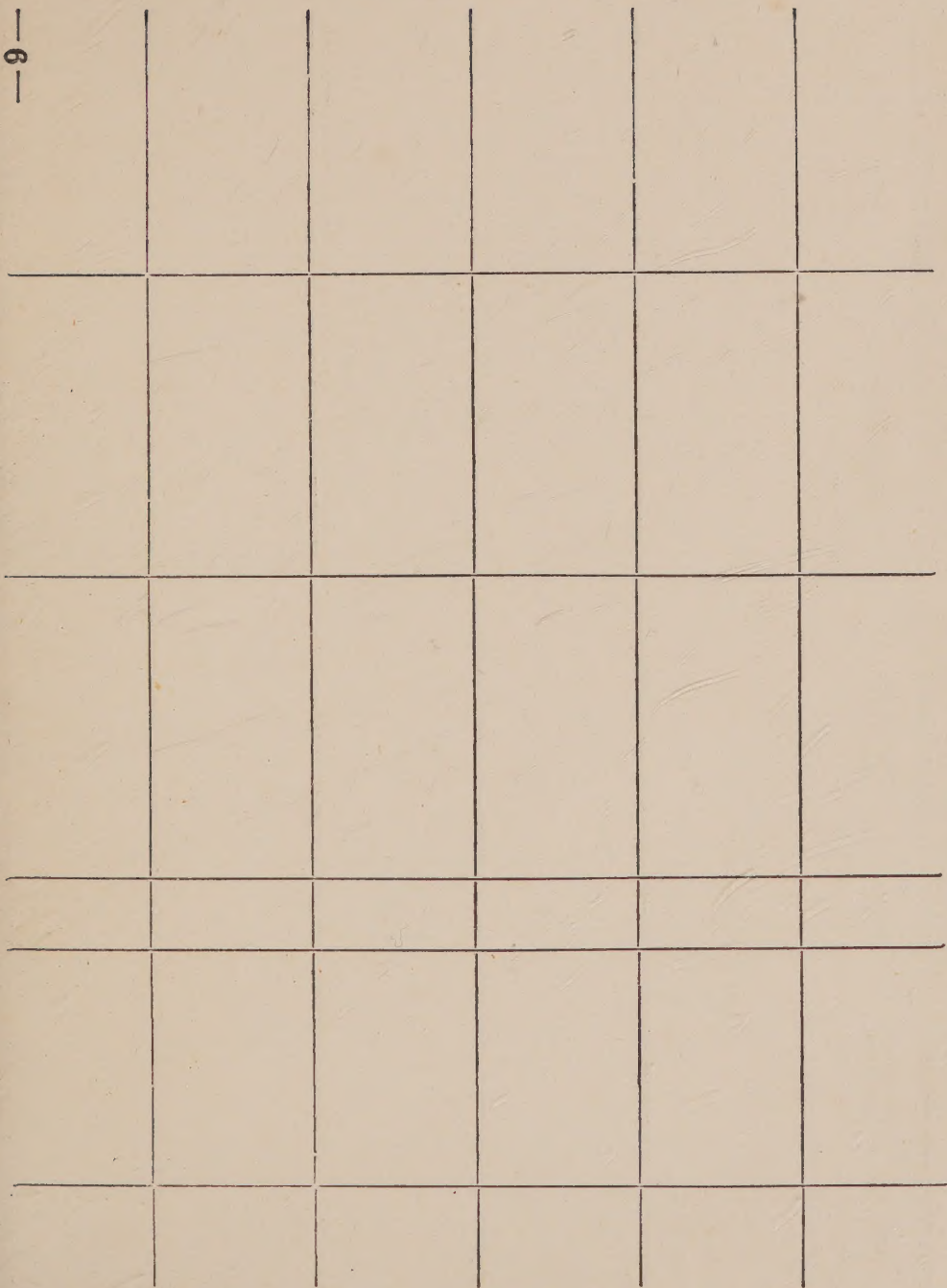
[OFFICIAL STAMP OF INOCULATING OFFICER]

Signature of person inoculated.....Date.....

Home address.....
 N.B.—This certificate is not valid for more than six months from date of issue. Reinoculations
 are to be entered on pages 8-11.

— 8 —

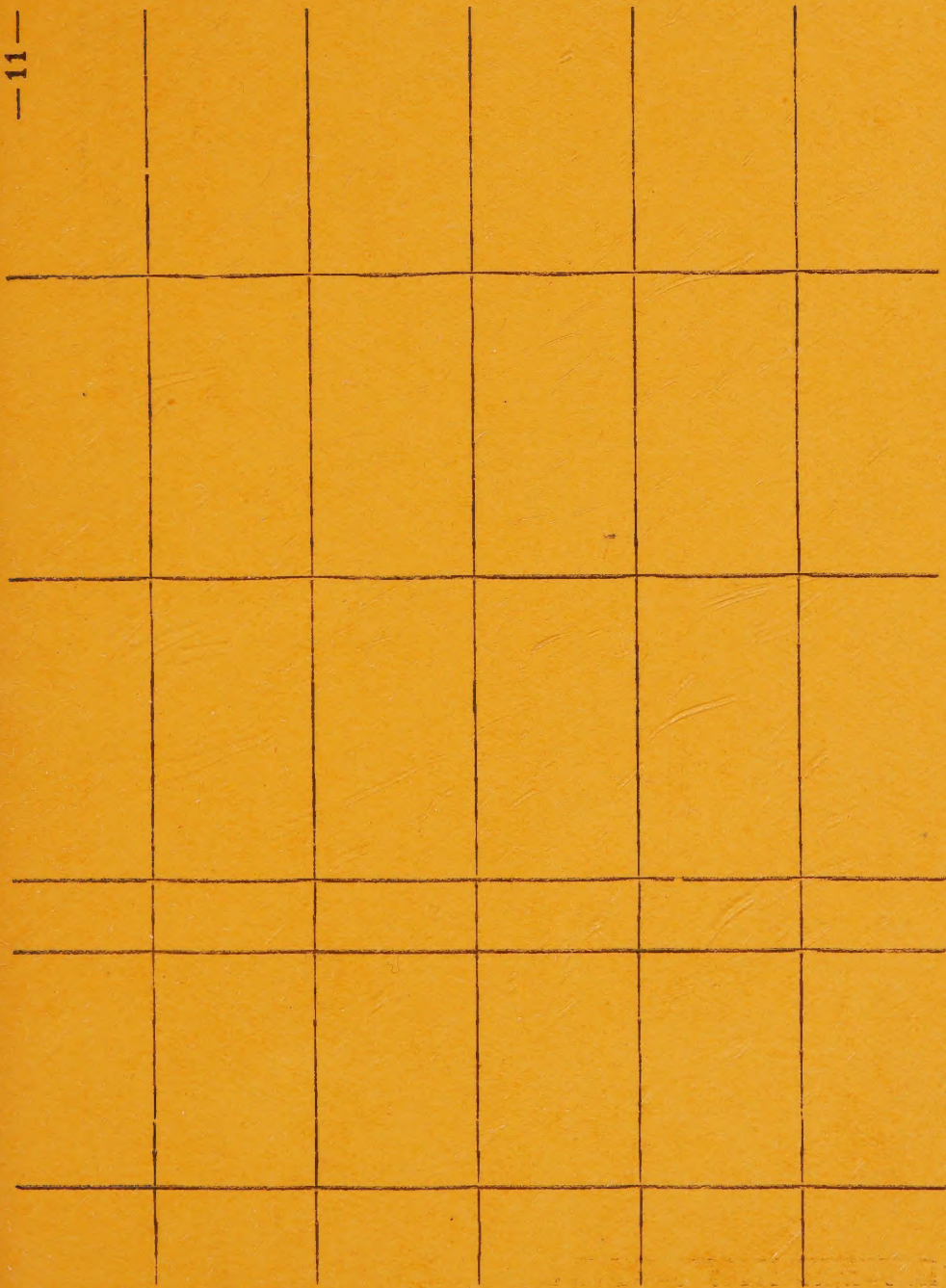
— 8 —



Certificate of Other Vaccinations.

— 10 —

Date.	Nature of vaccine.	Dose.	Physician's signature.	Official position.	Official stamp.



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